

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 JUL 15 PM 5:37

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Collins for Senator C00314575

ADDRESS (number and street)

P.O. Box 1096



Check if different
than previously
reported. (ACC)

Bangor

ME

04402

2. FEC IDENTIFICATION NUMBER ▼

C C00314575

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

ME

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 / 01 / 2013M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

through

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013M M / D D / Y Y Y Y Y Y
06 / 30 / 2013M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Leo Loiselle Amy A. Abbott, Deputy Treasurer

Signature of Treasurer

Leo Loiselle

Date

M M / D D / Y Y Y Y Y Y
07 / 09 / 2013M M / D D / Y Y Y Y Y Y
07 / 09 / 2013M M / D D / Y Y Y Y Y Y
07 / 09 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)